

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

|                          |   |
|--------------------------|---|
| Application Type::       | REGULAR   |
| Subject Matter::         | UTILITY   |
| CD-ROM or CD-R?::        | NONE  |
| Title::                  | AUTOMATED METHOD AND SYSTEM<br>FOR ADVANCED NON-PARAMETRIC<br>CLASSIFICATION OF MEDICAL<br>IMAGES AND LESIONS |
| Attorney Docket Number:: | 246027US-20   |
| Total Drawing Sheets::   | 11  |

### INVENTOR INFORMATION

|   |               |
|---|---------------|
| Applicant Authority Type::              | INVENTOR      |
| Primary Citizenship Country::           | USA           |
| Status::                                | FULL CAPACITY |
| Given Name::                            | MARYELLEN     |
| Middle Name::                           | L             |
| Family Name::                           | GIGER         |
| City of Residence::                     | Elmhurst      |
| State or Province of Residence::        | ILLINOIS      |
| Country of Residence::                  | USA           |
| Street of Mailing Address::             | 265 Claremont |
| City of Mailing Address::               | Elmhurst      |
| State or Province of Mailing Address::  | ILLINOIS      |
| Country of Mailing Address::            | USA           |
| Postal or Zip Code of Mailing Address:: | 60126         |

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: ROMANIA  
Status:: FULL CAPACITY  
Given Name:: DACIAN  
Family Name:: BONTA  
City of Residence:: CHICAGO  
State or Province of Residence:: ILLINOIS  
Country of Residence:: USA  
Street of Mailing Address:: Department of Radiology, MC 2026, 5841  
South Maryland Avenue  
City of Mailing Address:: CHICAGO  
State or Province of Mailing Address:: ILLINOIS  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 60637

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

#### DOMESTIC PRIORITY INFORMATION

| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | 119(e) of         | 60/429,538           | 11/29/02             |

#### ASSIGNMENT INFORMATION

Assignee Name:: University of Chicago  
Street of Mailing Address:: 5841 South Maryland Avenue, MC 2026  
City of Mailing Address:: Chicago  
State or Province of Mailing Address:: IL  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 60637